

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/018009</div>	FILING DATE				
APPLICANT(S)											
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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TOTAL IND.	2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	24	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	26										